



JONATHAN E. FIELDING, M.D., M.P.H.  
Director and Health Officer

JONATHAN E. FREEDMAN  
Chief Deputy Director

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[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)



BOARD OF SUPERVISORS

Gloria Molina  
First District  
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Fifth District

June 01, 2010

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

34

JUNE 1, 2010

SACHI A. HAMAI

EXECUTIVE OFFICER

**APPROVAL TO ACCEPT TWO NOTICES OF GRANT AWARD FROM  
THE HEALTH RESOURCES AND SERVICES ADMINISTRATION  
AND AN APPROPRIATION ADJUSTMENT  
FOR THE OFFICE OF AIDS PROGRAMS AND POLICY  
(ALL SUPERVISORIAL DISTRICTS)  
(4 VOTES)**

**SUBJECT**

Approval to accept two grant awards from the Department of Health and Human Services Health Resources and Services Administration to support the Ryan White Program Part A Year 20 and Minority AIDS Initiative, and delegate authority to accept future grant awards and/or amendments and an appropriation adjustment.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to accept: a) Notice of Grant Award (NGA) Number 2 H89HA00016-20-00 (Exhibit I) from the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) for the Ryan White Program (RWP) partial Part A Year 20 and Minority AIDS Initiative (MAI) funding for the Office of AIDS Programs and Policy (OAPP) in the amount of \$25,477,748 in RWP partial Part A funds and \$2,773,712 in MAI funds for a total of \$28,251,460, effective March 1, 2010 through February 28, 2011; and b) a supplemental NGA Number 6 H89HA00016-20-01 (Exhibit II) from the DHHS HRSA for the remaining Part A Year 20 funds effective March 1, 2010 through February 28, 2011, in the amount of \$11,426,473.
2. Delegate authority to the Director of DPH, or his designee, to accept future NGAs substantially

similar to NGA Number 2 H89HA00016-20-00 and NGA Number 6 H89HA00016-20-01 from HRSA for the RWP and MAI through February 28, 2014 (Years 21, 22 and 23), following review and approval by County Counsel and CEO and notification to your Board.

3. Delegate authority to the Director of DPH, or his designee, to accept and execute future amendments substantially similar to NGA Number 2 H89HA00016-20-00 and NGA Number 6 H89HA00016-20-01 for Years 20, 21, 22 and 23, that permit the rollover of unspent funds, and/or increase or decrease funding by an amount not to exceed 25 percent of each year's base award, following review and approval by County Counsel and the CEO and notification to your Board.

4. Approve the attached Appropriation Adjustment (Attachment A) in the amount of \$1,256,000 for the period of March 1, 2010 through June 30, 2010. This Appropriation Adjustment will increase Services and Supplies (S&S) appropriation by \$1,256,000, and is fully offset by HRSA Ryan White Part A and MAI Year 20 funds.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of the HRSA grant awards will allow DPH to accept RWP Year 20 and MAI funding. The RWP Year 20 funding will support the continuation of multiple core medical Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) service categories. The services include, but are not limited to, medical outpatient, medical specialty services, oral healthcare services, mental health, and substance abuse services. MAI funding will support service categories such as medical case management, oral healthcare and early intervention programs targeting under-served minority communities in Los Angeles County (County).

Approval to accept future NGAs for RWP and MAI funds from HRSA will allow DPH to continue countywide HIV/AIDS core medical services. Acceptance of future awards under delegated authority will allow DPH to quickly draw down funds for essential HIV/AIDS services. RWP funds are designed to be payer of last resort and are a critical safety net for County residents who may lack other means of obtaining medical care for HIV and AIDS care and treatment, preventing unnecessary illness and premature death.

Approval of the Appropriation Adjustment in the amount of \$1,256,000 in federal Ryan White Part A and MAI Year 20 funding will allow DPH to include additional funds in OAPP's Fiscal Year (FY) 2009-10 Final Budget to offset OAPP's planned augmentation of medical outpatient, medical specialty, therapeutic monitoring and HIV/AIDS drug reimbursement services, which will allow the County to meet consumer needs at current utilization rates. This is especially important given recent State of California cutbacks in support for some of these programs.

### **Implementation of Strategic Plan Goals**

These actions support Goal 4, Health and Mental Health, of the County's Strategic Plan by providing core medical services to eligible County residents with HIV/AIDS.

### **FISCAL IMPACT/FINANCING**

Under this proposed Board action, OAPP will receive a total of \$39,677,933 for the period March 1,

2010, through February 28, 2011, and is comprised of: 1.) NGA Number 2 H89HA00016-20-00 in the amount of \$28,251,460 (\$25,477,748 in partial RWP and \$2,773,712 MAI funds); and 2.) NGA Number 6 H89HA00016-20-01 in the amount of \$11,426,473.

The Year 20 Part A award reflects an increase of \$993,799 resulting in a Budget Adjustment request/need of \$331,000 (March 2010 through June 30, 2010). Further, the new MAI funding term for Year 4 (March 1, 2010 through February 28, 2011) will overlap the existing MAI funding term for Year 3 (August 2009 through July 2010) by four months resulting in an increase of \$925,000 for the period of March 2010 through June 2010, for a total Budget Adjustment amount of \$1,256,000.

The Appropriation Adjustment in the amount of \$1,256,000 will increase S&S appropriation for the period of March 1, 2010 through June 30, 2010.

Funding under this award has been included in DPH's FY 2010-11 Proposed Budget and will be included in future fiscal years, as necessary.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The CARE Act (Ryan White Program) of 1990 authorized grants for the planning, administration, and delivery of quality care and treatment services to people with HIV disease. Since April 1991, your Board has accepted in excess of \$425 million in RWP grant awards. In addition, your Board has taken a number of actions to expend grant funds, primarily through contracts with County medical and community-based providers.

Attachment A is the Appropriation Adjustment. Attachments B and C are the Grant Management Statements for Grants Exceeding \$100,000.

County Counsel has reviewed and approved Exhibits I and II as to form.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

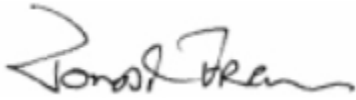
Approval of the recommended actions will allow DPH to accept the NGA for Ryan White Part A Year 20 and MAI funding to ensure the continued provision of core HIV/AIDS medical and ancillary services to eligible County residents living with HIV/AIDS who have no or limited medical care coverage.

The Honorable Board of Supervisors

6/1/2010

Page 4

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Jonathan E. Fielding". The signature is fluid and cursive, with a large initial "J" and "F".

JONATHAN E. FIELDING, M.D., M.P.H.

Director and Health Officer

JEF:ar

Enclosures

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

1. DATE ISSUED: 03/05/2010		2. PROGRAM CFDA: 93.914		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION    NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A																																																																	
3. SUPERCEDES AWARD NOTICE dated: <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																																					
4a. AWARD NO.: 2 H89HA00016-20-00		4b. GRANT NO.: H89HA00016				5. FORMER GRANT NO.: BRH890016																																																															
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2011																																																																					
7. BUDGET PERIOD: FROM: 03/01/2010 THROUGH: 02/28/2011																																																																					
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS																																																																					
9. GRANTEE NAME AND ADDRESS: DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES 600 S COMMONWEALTH AVENUE FL 9TH Los Angeles, CA 90005-4001				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Mario Perez DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES 600 S. Commonwealth Ave FL 10th Los Angeles , CA 90005-4001																																																																	
11. APPROVED BUDGET: (Excludes Direct Assistance)  <input checked="" type="checkbox"/> Grant Funds Only  <input type="checkbox"/> Total project costs including grant funds and all other financial participation  <hr/> <table style="width:100%;"> <tr><td>a. Salaries and Wages:</td><td align="right">\$ 0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td align="right">\$ 0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td align="right">\$ 0.00</td></tr> <tr><td>d. Consultant Costs:</td><td align="right">\$ 0.00</td></tr> <tr><td>e. Equipment:</td><td align="right">\$ 0.00</td></tr> <tr><td>f. Supplies:</td><td align="right">\$ 0.00</td></tr> <tr><td>g. Travel:</td><td align="right">\$ 0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td align="right">\$ 0.00</td></tr> <tr><td>i. Other:</td><td align="right">\$ 0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td align="right">\$ 0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td align="right">\$ 0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td align="right">\$ 0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td align="right">\$ 0.00</td></tr> <tr><td>n. Trainee Travel:</td><td align="right">\$ 0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td align="right">\$ 28,251,460.00</td></tr> <tr><td>p. INDIRECT COSTS: (Rate: % of S&amp;W/TADC)</td><td align="right">\$ 0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td align="right">\$ 28,251,460.00</td></tr> <tr><td>    i. Less Non-Federal Resources:</td><td align="right">\$ 0.00</td></tr> <tr><td>    ii. Federal Share:</td><td align="right">\$ 28,251,460.00</td></tr> </table>				a. Salaries and Wages:	\$ 0.00	b. Fringe Benefits:	\$ 0.00	c. Total Personnel Costs:	\$ 0.00	d. Consultant Costs:	\$ 0.00	e. Equipment:	\$ 0.00	f. Supplies:	\$ 0.00	g. Travel:	\$ 0.00	h. Construction/Alteration and Renovation:	\$ 0.00	i. Other:	\$ 0.00	j. Consortium/Contractual Costs:	\$ 0.00	k. Trainee Related Expenses:	\$ 0.00	l. Trainee Stipends:	\$ 0.00	m. Trainee Tuition and Fees:	\$ 0.00	n. Trainee Travel:	\$ 0.00	o. TOTAL DIRECT COSTS:	\$ 28,251,460.00	p. INDIRECT COSTS: (Rate: % of S&W/TADC)	\$ 0.00	q. TOTAL APPROVED BUDGET:	\$ 28,251,460.00	i. Less Non-Federal Resources:	\$ 0.00	ii. Federal Share:	\$ 28,251,460.00	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE  <table style="width:100%;"> <tr><td>a. Authorized Financial Assistance This Period</td><td align="right">\$ 28,251,460.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td align="right">\$ 0.00</td></tr> <tr><td>    ii. Offset</td><td align="right">\$ 0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td align="right">\$ 0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td align="right">\$ 0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td align="right">\$ 28,251,460.00</td></tr> </table> 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">YEAR</th> <th style="width:70%;">TOTAL COSTS</th> </tr> <tr> <td align="center" colspan="2">Not Applicable</td> </tr> </table> 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)  <table style="width:100%;"> <tr><td>a. Amount of Direct Assistance</td><td align="right">\$ 0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td align="right">\$ 0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td align="right">\$ 0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td align="right">\$ 0.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$ 28,251,460.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$ 0.00	ii. Offset	\$ 0.00	c. Unawarded Balance of Current Year's Funds	\$ 0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$ 0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$ 28,251,460.00	YEAR	TOTAL COSTS	Not Applicable		a. Amount of Direct Assistance	\$ 0.00	b. Less Unawarded Balance of Current Year's Funds	\$ 0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$ 0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$ 0.00
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15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float:right">[A]</span>  Estimated Program Income: \$ 0.00																																																																					
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>																																																																					
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ) Included in this award is \$2,773,712 specifically for the Minority Aids Initiative (MAI).																																																																					
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 03/05/2010																																																																					
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1956000927A1		19. FUTURE RECOMMENDED FUNDING:																																																																	
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE																																																																
10-3770721	93.914	H89HA0016V	\$ 25,477,748.00	\$ 0.00	N/A																																																																
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

## Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Terms:

1. All Conditions, Program Terms and Reporting Requirements will be placed on the forthcoming Supplemental Notice of Grant Award.

### Standard Terms:

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:

(A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR

(B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item

....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis

of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, <http://www.dpm.psc.gov/> or Telephone Number: 1-877-614-5533.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Grant Award to obtain a copy of the Term.

**NGA Email Address(es):**

[mjperez@ph.lacounty.gov](mailto:mjperez@ph.lacounty.gov); [mgreen@ph.lacounty.gov](mailto:mgreen@ph.lacounty.gov); [sgosnell@hrsa.gov](mailto:sgosnell@hrsa.gov)

Note: NGA emailed to these address(es)

**Contacts:**

**Program Contact:** For assistance on programmatic issues, please contact Karen Ingvaldstad at: 7A-55

HRSA/HAB/DSS

5600 Fishers Ln

Rockville, MD 20852-1750

Phone: (301)443-4603

Email: [KIngvaldstad@hrsa.gov](mailto:KIngvaldstad@hrsa.gov)

**Division of Grants Management Operations:** For assistance on grants administration issues, please contact Shonda Gosnell at:

HRSA/OFAM/DGMO  
5600 Fishers Ln RM 11A-02  
Rockville, MD 20857-0001  
Phone: (301)443-4238  
Email: SGosnell@hrsa.gov  
Fax: (301)443-6686

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.



<b>1. DATE ISSUED:</b> 04/01/2010	<b>2. PROGRAM CFDA:</b> 93.914	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION   <b>NOTICE OF GRANT AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A																																																																			
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<b>4a. AWARD NO.:</b> 6 H89HA00016-20-01	<b>4b. GRANT NO.:</b> H89HA00016	<b>5. FORMER GRANT NO.:</b> BRH890016																																																																			
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/04/1991 <b>THROUGH:</b> 02/28/2011																																																																					
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2010 <b>THROUGH:</b> 02/28/2011																																																																					
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> HIV EMERGENCY RELIEF PROJECT GRANTS																																																																					
<b>9. GRANTEE NAME AND ADDRESS:</b> DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES 600 S COMMONWEALTH AVENUE FL 9TH Los Angeles, CA 90005-4001			<b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b> Mario Perez DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES 600 S. Commonwealth Ave FL 10th Los Angeles , CA 90005-4001																																																																		
<b>11. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation <hr/> <table style="width: 100%;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;"><b>\$ 39,677,933.00</b></td></tr> <tr><td>p. INDIRECT COSTS: (Rate: % of S&amp;W/TADC)</td><td style="text-align: right;"><b>\$ 0.00</b></td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;"><b>\$ 39,677,933.00</b></td></tr> <tr><td>    i. Less Non-Federal Resources:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$ 39,677,933.00</td></tr> </table>			a. Salaries and Wages:	\$ 0.00	b. Fringe Benefits:	\$ 0.00	c. Total Personnel Costs:	\$ 0.00	d. Consultant Costs:	\$ 0.00	e. Equipment:	\$ 0.00	f. Supplies:	\$ 0.00	g. Travel:	\$ 0.00	h. Construction/Alteration and Renovation:	\$ 0.00	i. Other:	\$ 0.00	j. Consortium/Contractual Costs:	\$ 0.00	k. Trainee Related Expenses:	\$ 0.00	l. Trainee Stipends:	\$ 0.00	m. Trainee Tuition and Fees:	\$ 0.00	n. Trainee Travel:	\$ 0.00	o. TOTAL DIRECT COSTS:	<b>\$ 39,677,933.00</b>	p. INDIRECT COSTS: (Rate: % of S&W/TADC)	<b>\$ 0.00</b>	q. TOTAL APPROVED BUDGET:	<b>\$ 39,677,933.00</b>	i. Less Non-Federal Resources:	\$ 0.00	ii. Federal Share:	\$ 39,677,933.00	<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE</b> <table style="width: 100%;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$ 39,677,933.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$ 28,251,460.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$ 11,426,473.00</b></td></tr> </table> <b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </tbody> </table> <b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash) <table style="width: 100%;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$ 0.00</b></td></tr> </table>			a. Authorized Financial Assistance This Period	<b>\$ 39,677,933.00</b>	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$ 0.00	ii. Offset	\$ 0.00	c. Unawarded Balance of Current Year's Funds	\$ 0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$ 28,251,460.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$ 11,426,473.00</b>	YEAR	TOTAL COSTS	Not Applicable		a. Amount of Direct Assistance	\$ 0.00	b. Less Unawarded Balance of Current Year's Funds	\$ 0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$ 0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$ 0.00</b>
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[A]</b></span> Estimated Program Income: \$ 0.00																																																																					
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>																																																																					
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No )																																																																					
<i>Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 04/01/2010</i>																																																																					
<b>17. OBJ. CLASS:</b> 41.15		<b>18. CRS-EIN:</b> 1956000927A1		<b>19. FUTURE RECOMMENDED FUNDING:</b>																																																																	
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE																																																																
10-3770722	93.914	H89HA0016V	\$ 11,426,473.00	\$ 0.00	N/A																																																																

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

## Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Terms:

1. This Notice of Grant Award is issued to provide FY 2010 Part A Supplemental funds and notification of all Condition of Awards, Program Terms and Reporting Requirements.

### Program Terms:

1. Please note that there is a new document number each budget period that must be used to draw down and report the grant funds.
2. Foreign travel is not permitted.
3. The amount available, in the aggregate, for first-line entities to spend on administrative costs is calculated by subtracting the grantee's administrative costs (up to 10%) and the grantee's quality management costs (up to 5% or \$3,000,000, whichever is less) from the total grant amount and multiplying the difference by 10%.
4. Refer to Reporting Requirement 1. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s).
5. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs which have as their purpose exclusively, HIV prevention education, or 2.) broad-scope awareness activities about HIV services that target the general public (See HAB website [www.hab.hrsa.gov](http://www.hab.hrsa.gov) for information on DSS Program policies).
6. Unless otherwise specified, all conditions, program terms and reporting requirements must be electronically submitted through the HRSA Electronic Handbooks.
7. On a regularly scheduled basis, HRSA grantees are required during their project period to participate in a performance review of their HRSA funded program(s) by a review team from HRSA's Office of Regional Operations, formerly the Office of Performance Review. If your organization has been selected for a performance review, you will be contacted at least twelve weeks before your performance review begins in order to provide you with additional information about the scope and process for your review, and to schedule the dates for the on-site phase. Upon completion of the performance review, grantees are expected to prepare an Action Plan that identifies key actions to improve program performance as well as addresses any identified program requirement issues.
8. Pursuant to sections 2617(b)(4)(E) and 2682(b) of Title XXVI of the Public Health Service (PHS) Act, the lead State agency shall collect and submit to the Secretary all audits consistent with the OMB circular A-133, from grantees within the State, including audits regarding funds expended in accordance with this part. Therefore grantees that receive Ryan White funding shall submit to the lead State agency a copy of their most recent A-133 audit, and any other audit specific to Ryan White funding the grantee may have conducted. The State will forward these audits to HRSA where they will be posted in their entirety on the HRSA web site. Therefore, please submit to the lead State agency, preferably in electronic format, a copy of your most recent audit or audits by November 1, 2010.
9. Circulars A-87 and A-122 regarding cost principles). If your organization is eligible to be a covered entity under

ction 340B of the Public Health Service Act, and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in that section), failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset.

10. Minimum WICY Expenditures: Part A grantees are required to use a minimum amount/percentage of their FY 2010 award to provide services to women, infants, children and youth (WICY). The minimum "set-aside" amounts/percentages for each state/territory must be determined separately for each priority population, and may not be less than the percentage/ratio of each population to the total number of persons.  
Women, Infants, Children, and Youth (WICY) Waiver: If the grantee can document that one or more WICY priority populations are receiving HIV-related health services through the state Medicaid program under Title XIX of the Social Security Act, the State Children's Health Program (SCHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the grantee may request a waiver of the minimum WICY expenditure requirement from HRSA. Grantees approved for a WICY waiver do not have to report the amount of grant expenditures used to provide services to the waived priority population(s), but must document and report expenditures for non-waived populations. (Updated WICY Guidelines and Reporting Instructions will be provided separately.)
11. The Grantee is required to notify the DGM, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with Reflectiveness or the mandated membership categories. A letter signed by the Planning Council Chair(s) must be submitted assuring that 33% of the Council members are non-conflicted persons living with HIV Disease (PLWH) and are receiving Part A funded HIV-related services. In addition, the 33% PLWH Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA/TGA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA/TGA as reported in your FY2010 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness
12. The grantee may not use more than ten (10) percent of the FY 2010 grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administrative.

### Reporting Requirements:

1. Due Date: 06/30/2011  
The grantee must submit a Final FY 2010 Part A Annual Progress Report, via the HRSA Electronic Handbook, consistent with reporting guidelines and instructions provided. Included in the report the grantee must submit a Report on Expenditures for Women, Infants, Children, and Youth (WICY). All grantees must be able to document Part A expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Extension of Act of 2009 as follows:
  - a. The amounts and percentages of Part A service-related expenditures to provide services to WICY separately; and
  - b. The reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with Acquired Immune Deficiency Syndrome (AIDS) to the general population with AIDS living within the EMA/TGA. Updated WICY Guidelines and Reporting Instructions will be provided separately. (See Program Term No. 4 for Waiver Information.) Please upload the required documentation into the HRSA Electronic Handbooks.
2. Due Date: 09/30/2010  
The grantee must submit the FY 2009 Part A and MAI Final Expenditure Table. The table must be submitted electronically via the HRSA Electronic Handbook using the format provided in that system. Please upload the required documentation into the HRSA Electronic Handbooks.
3. Due Date: Within 120 days of Budget Start Date  
A final FY 2010 MAI Annual Plan for the use of the Part A MAI funds for the budget period 3/1/2010 to 2/28/2011 must be submitted by all Grantees to HRSA via the EHB, consistent with Part A MAI reporting guidelines and instructions provided separately to grantees. The EHBs will open for Grantees to begin their Annual Plan submission on June 1, 2010, thirty days before the 6/30/2010 deadline. Please upload the required documentation into the HRSA Electronic Handbooks.
4. Due Date: 06/30/2010  
The grantee must submit a report of Maintenance of Effort (MOE) Expenditures for fiscal years 2007 and 2008 thru the

HRSA Electronic Handbook. The MOE expenditures reported must be based on the local budget items and tracking methodology described by the grant in their FY 2010 Part A grant application. Please upload the required documentation into the HRSA Electronic Handbooks.

5. Due Date: 05/30/2010

The grantee must submit the FY 2010 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council (PC) and the dollar amount of FY 2010 Part A and MAI funds allocated to each prioritized service category related to Part A eligible Core Medical and Support Services. The table must be submitted through the HRSA Electronic Handbook (EHB) using the format provided in that system. Use only the categories identified on the Table.

Under separate cover the grantee must send a letter from the HIV Health Services PC Chairperson/co-Chairs, indicating endorsement of the allocations and program priorities. This letter must be sent to your Division Services Systems (DSS) Project Officer on or before the due date of this condition. Please upload the required documentation into the HRSA Electronic Handbooks.

6. Due Date: 06/30/2010

The Program Report must be submitted through the HRSA Electronic Handbook.

The following items that must be submitted:

a. A revised SF-424A and narrative justification for Administration, Clinical Quality Management and HIV Services for all FY 2010 funding. The Form can be found at <http://www.hhs.gov/forms/PHS-5161-1.doc>. Grantee should only print the Budget Information-Non Construction Programs (Section A-F)

b. A complete FY 2010 Implementation Plan which reflects all the Core Medical and Support service categories and priorities for which funds were allocated by the by the Planning Council and reflected in the FY 2010 Part A and MAI Planned Allocations Table.

c. A Contract Review Certification (CRC) for all contracted funds in Administration, Clinical Quality Management, and HIV Services. Please upload the required documentation into the HRSA Electronic Handbooks.

7. Due Date: 10/30/2011

A final FY 2010 MAI Annual Report detailing how Part A MAI funds were used and the outcomes achieved for the budget period 3/1/2010 to 2/28/2011, must be submitted by all Grantees to HRSA via the EHB, consistent with Part A MAI reporting guidelines and instructions provided separately to grantees. The EHBs will open for Grantees to begin their Annual Report submission on 10/1/2011, thirty days before the 10/31/2011 deadline. Please upload the required documentation into the HRSA Electronic Handbooks.

8. Due Date: Within 90 days of Budget End Date

The grantee must submit a Federal Financial Report (SF-425) within 90 days after the budget period end date. This report should reflect cumulative reporting within the project period (Document Number) and must be submitted using the Electronic Handbook (EHB).

The Federal Financial Report will not be accepted unless the amount of expenditures for the three separate funding streams are reflected in the "Remarks" category of the SF-425 form, as listed below:

The Part A Formula Amount \$25,477,748.

The Part A Supplemental Amount \$11,426,473.

The Part A MAI Amount \$2,773,712.

Please upload the required documentation into the HRSA Electronic Handbooks.

9. Due Date: 09/30/2011

The grantee must submit the FY 2010 Part A and MAI Final Expenditure Table The table must be submitted electronically via the HRSA Electronic Handbook using the format provided in that system. Please upload the required documentation into the HRSA Electronic Handbooks.

10. Due Date: 03/15/2011

Acceptance of this grant award indicates the grantee's assurance that it will comply with data requirements of the annual Ryan White Program Data Report (RDR) and the annual Ryan White Services Data Report (RSR), and that it

will mandate such compliance by each of its contractors and subcontractors. RDRs and RSRs are due annually on March 15 or an alternate date as defined by HRSA. Acceptance of the RDR and RSR reports will reside in the RDR and RSR systems.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions. Please upload the required documentation into the HRSA Electronic Handbooks.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

All prior terms and conditions remain in effect unless specifically removed.

**NGA Email Address(es):**

mjperez@ph.lacounty.gov;mgreen@ph.lacounty.gov;sgosnell@hrsa.gov

Note: NGA emailed to these address(es)

**Contacts:**

**Program Contact:** For assistance on programmatic issues, please contact Karen Ingvoldstad at:

7A-55

HRSA/HAB/DSS

5600 Fishers Ln

Rockville, MD 20852-1750

Phone: (301)443-4603

Email: KIngvoldstad@hrsa.gov

**Division of Grants Management Operations:** For assistance on grants administration issues, please contact Shonda Gosnell at:

HRSA/OFAM/DGMO

5600 Fishers Ln RM 11A-02

Rockville, MD 20857-0001

Phone: (301)443-4238

Email: SGosnell@hrsa.gov

Fax: (301)443-6686

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.

## COUNTY OF LOS ANGELES

## REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S.  
NO. [296]

DEPARTMENT OF [PUBLIC HEALTH]

April 6, 2010

## AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

## ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2009-10

4 - VOTES

SOURCES

Office of AIDS Programs and Policy  
Federal Grant  
A01-PP-25770-90-9031  
\$1,256,000  
INCREASE REVENUE

USES

Office of AIDS Programs and Policy  
Services & Supplies  
A01-PP-25770-2000  
\$1,256,000  
INCREASE APPROPRIATION

SOURCES TOTAL: \$ 1,256,000

USES TOTAL: \$ 1,256,000

JUSTIFICATION

Reflects increased funding from the Health Resources and Services Administration for the Ryan White Program and the Minority AIDS Initiative.

**ADOPTED**  
BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

*Jeremy D. Cortez*  
AUTHORIZED SIGNATURE Jeremy D. Cortez

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

34

JUN 1 2010

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

REFERRED TO THE CHIEF  
EXECUTIVE OFFICER FOR ---☐ ACTION☒ RECOMMENDATION

AUDITOR-CONTROLLER

BY

*Karin Tinkuna*

B.A. NO.

184

April 14 2010

☒ APPROVED AS REQUESTED☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY

*May 4, 2010*  
May 4, 2010

SEND 6 COPIES TO THE AUDITOR-CONTROLLER

**Los Angeles County Chief Executive Office  
Grant Management Statement for Grants Exceeding \$100,000**

Department: Public Health – Office of AIDS Programs and Policy

Grant Project Title and Description:  
HIV Emergency Relief Project Grants

(Program funding for March 1, 2010 through February 28, 2011)

Funding Agency:  
Department of Health and Human  
Services -- Health Resources and  
Services Administration (HRSA)

Program (Fed. Grant #/State Bill or Code #):

Grant No                      2 H89HA00016-20-00

Grant Acceptance Deadline:

None

Total Amount of Grant Funding:    \$28,251,460

County Match Requirements:        None

Grant Period:            Year 20

Begin Date        03/01/10

End Date: 2/28/11

Number of Personnel Hired Under this Grant:                      Full Time    0    Part Time    0

**Obligations Imposed on the County When the Grant Expires**

Will all personnel hired for this program be informed this is a grant funded program?                      Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary (N) items?                      Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires?                      Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services.                      Yes ☐ No ☒

b). Identify other revenue sources.                      Yes ☐ No ☒

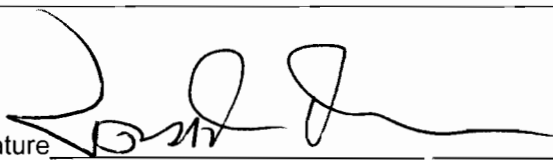
(Describe) Identify and apply for other funding.

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.                      Yes ☒ No ☐

Impact of additional personnel on existing space: None

Other requirements not mentioned above: None

Department Head Signature



Date

5-5-10

**Los Angeles County Chief Executive Office  
Grant Management Statement for Grants Exceeding \$100,000**

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Grant Project Title and Description:  
HIV Emergency Relief Project Grants

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Program (Fed. Grant #/State Bill or Code #):

Grant No      6 H89HA00016-20-01

Grant Acceptance Deadline:

None

Total Amount of Grant Funding:    \$11,426,473

County Match Requirements:    None

Grant Period:      Year 20

Begin Date    03/01/10

End Date: 2/28/11

Number of Personnel Hired Under this Grant:      Full Time    0    Part Time    0

**Obligations Imposed on the County When the Grant Expires**

Will all personnel hired for this program be informed this is a grant funded program?      Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary (N) items?      Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires?      Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services.      Yes ☐ No ☒

b). Identify other revenue sources.      Yes ☐ No ☒

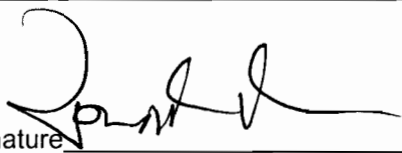
(Describe) Identify and apply for other funding.

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant.      Yes ☒ No ☐

Impact of additional personnel on existing space: None

Other requirements not mentioned above: None

Department Head Signature



Date

5-6-10